

WATER WELL REPORT

STATE OF WASHINGTON

33/02E-295
Application No.

Permit No. 91-20825P

(1) OWNER: Name PATTON'S RETREAT WATER ASSN. Address 2807 N. NEWELL RD, OAK HARBOR
(2) LOCATION OF WELL: County ISLAND NE 1/4 SE 29 T. 33 N. R. 26 W.M.
Bearing and distance from section or subdivision corner 500' W & 2280' N OF SE COR SEC 29.

(3) PROPOSED USE: Domestic ☐ Industrial ☐ Municipal ☒
Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) # 2
New well ☐ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 8" inches.
Drilled 175 ft. Depth of completed well 165 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 8" Diam. from 0 ft. to 165 ft.
Threaded ☐ " Diam. from 0 ft. to 165 ft.
Welded ☐ " Diam. from 0 ft. to 165 ft.

Perforations: Yes ☐ No ☐
Type of perforator used _____
SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐
Manufacturer's Name _____
Type SLOT Model No. _____
Diam. 8 Slot size #10 from 165 ft. to 175 ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☐ Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☐ No ☐ To what depth? _____ ft.
Material used in seal _____
Did any strata contain unusable water? Yes ☐ No ☐
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
Type: SUBMERSIBLE HP 10

(8) WATER LEVELS: Land-surface elevation _____ ft.
above mean sea level _____ ft.
Static level 130 ft. below top of well Date _____
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☐ No ☐ If yes, by whom? _____
Yield: gal./min. with _____ ft. drawdown after _____ hrs.
" 70 GPM " " " " " " " " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test _____
Ballor test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
HARD PAN	0	67
WATER	67	68
GRAVELY HARD PAN	68	112
CLAY	112	127
SAND	127	175

FROM INFO SENT IN BY
E.F. ANDREWS
4-28-75

Work started _____, 19____ Completed (1968), 19____

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

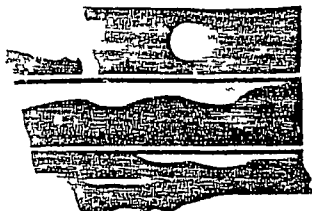
NAME ?
(Person, firm, or corporation) (Type or print)

Address _____

[Signed] _____ (Well Driller)

License No. _____ Date _____, 19____

(USE ADDITIONAL SHEETS IF NECESSARY)



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

PWS-66588 D

Unique Well Tag No

AGAS49

502

RECORD VERIFICATION (check ☒ one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name Pattons Retreat Waters Last Name ASSN

Street Address _____

City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address 757 OLD WILSON PL

City _____ County _____

T _____ N R _____ W M Sec _____ 1/4 or the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

State Health

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

1. Description of well (size or casing type or well housing etc)

6" CASING, SMALL BROWN WOODEN STRUCTURE ~ 4' HIGH

HOLDING TANKS/PUMP HOUSE NW OF HEAD

2. Well Identification Tag

CASING

3. Supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

4. Where was tag placed?

Scale 1:24,000 (1" = 2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

C	B	A
F	G	H
L	K	J
P	Q	R

5. Notes

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

6. Permit # _____

Date Issued _____

Application

Permit

Certificate

Claim

Exempt